

# Instructions for Driver Training Instructor's Certificate Application

## **First Time Applicants**

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. Fingerprint Cards:
  - (a) One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
  - (b) An affidavit from a state, county, or city officer, qualified to make such fingerprints, that the fingerprints are those of the applicant.
  - (c) A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation G.B.I. to cover the fingerprint processing fee.
4. Attach a lab report, from an accredited lab, which shows the results of a drug test.
5. Have the enclosed Medical Examination Report completed and signed by your doctor.
6. A Motor Vehicle Report (MVR). If you have been licensed in a state other than Georgia in the past five (5) years, you must obtain an MVR that state(s). Three (3) year MVR's will not be accepted.
7. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application. This step may be omitted if applicant is the owner of the school.
8. Complete the Consent for Background Investigation Form and have notarized.
9. Include an application fee of \$5.00, in the form of a money order, certified check, or cashier's check and made payable to Georgia Department of Driver Services.
10. Examination fee of \$25.00, in the form of a money order, certified check, or cashier's check and made payable to the Georgia Department of Driver Services. *Fee nor examination is not required if applicant has the necessary college credits in driver education and traffic safety.*
11. Contact Ms. Nancy Sexton at (678) 413-8731 to schedule a date for the instructor's exam.

## **Renewal Applications**

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. Attach a lab report, from an accredited lab, which shows the results of a drug test.
4. Have the enclosed Medical Examination Report completed and signed by your doctor.
5. A Motor Vehicle Report (MVR). If you have been licensed in a state other than Georgia in the past five (5) years, you must obtain an MVR that state(s). Three (3) year MVR's will not be accepted.
6. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application. This step may be omitted if applicant is the owner of the school.
7. Complete the Consent for Background Investigation Form and have notarized.
8. Include an application fee of \$5.00, in the form of a money order, certified check, or cashier's check and made payable to Georgia Department of Driver Services.

## **Transfer Applications**

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filling this application.
3. Attach old instructors certificate to this application. (If it has not been turned in to previous school.)
4. Have the enclosed Medical Examination Report completed and signed by your doctor.
5. Attach a lab report, from an accredited lab, which shows the results of a drug test.
6. Include an application fee of \$5.00, in the form of a money order, certified check, or cashier's check and made payable to Georgia Department of Driver Services.
7. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application.
8. Complete the Consent for Background Investigation Form and have notarized.

# Georgia Department of Driver Services

2206 East View Parkway • P.O. Box 80447 • Conyers, GA 30013

# Driver Training Instructor Application

**Check the Type of Application:**   ☐ First-Time Applicant   ☐ Renewal   ☐ Transfer

## Applicant's Information

Applicant's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Residence Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone #: ( ) \_\_\_\_\_ Work or Cellular: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

### School Information

Name of school currently employed by: \_\_\_\_\_

Address of school: \_\_\_\_\_

List name of school transferring from (if applicable): \_\_\_\_\_

List all schools previously employed by: \_\_\_\_\_

## Driving and License History

Do you possess a current Georgia Driver's License? ☐ Yes ☐ No.

Driver's License #: \_\_\_\_\_ Number of years licensed in Georgia: \_\_\_\_\_

Have you ever been licensed in any other state? ☐ Yes ☐ No.

If yes, what state? \_\_\_\_\_ For how long were licensed in that state: \_\_\_\_\_

### **Driving and License History Continued**

Have you ever have a Driver's license revoked, suspended, cancelled, or denied in Georgia or any other state?

☐ Yes ☐ No.

If so, when and where? \_\_\_\_\_

Provide date for each occurrence: \_\_\_\_\_

Have you been re-licensed since that time? ☐ Yes ☐ No.

If so, give date of re-licensing: \_\_\_\_\_

Have you ever been convicted of a traffic violation? ☐ Yes ☐ No. If so, when? \_\_\_\_\_

What offense? \_\_\_\_\_

Location of offense? \_\_\_\_\_ More than once? ☐ Yes ☐ No.

Have you ever been involved as a driver in an automobile accident? ☐ Yes ☐ No.

If yes, give date of accident: \_\_\_\_\_ Any fatalities? ☐ Yes ☐ No.

Any Injuries? ☐ Yes ☐ No. Location of accident: \_\_\_\_\_

Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle? ☐ Yes ☐ No. If yes, give particulars: \_\_\_\_\_

### **Background Information**

Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court? ☐ Yes ☐ No.

What were the charge(s)? \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

Are there any proceedings pending against you relative to any crime, misdemeanors, or violations?

☐ Yes ☐ No. If so, give particulars: \_\_\_\_\_

Have you ever been addicted to narcotic drugs or intoxicating liquor? ☐ Yes ☐ No.

If so, are you in total abstinence? ☐ Yes ☐ No. How long have you been drug free? \_\_\_\_\_

Have you ever been a patient in or committed to an institution for the treatment of alcohol or drug addiction?

☐ Yes ☐ No. If so, date(s)? \_\_\_\_\_

Name and location of institute: \_\_\_\_\_

**Background Information Continued**

Give date of release or last treatment: \_\_\_\_\_

Do you have a relative employed by the Georgia Department of Driver Services? ☐ Yes ☐ No.

If yes, give name \_\_\_\_\_ Position: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Educational Record**

School	Name and Location	Years Attended	Credits or Diplomas
High School			
College			
Vocational School			
Other			

**Work History**

List all teaching or instructional experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Seal Required

\_\_\_\_\_  
Commission Expires

**TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATE OF APPROVAL**

# FINGERPRINT CARD

## A F F I D A V I T

Have the Official that takes your fingerprints sign and date this affidavit

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

I do solemnly swear (or affirm) that the attached fingerprints are those of the applicant named herein:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Name of Above Official's Agency

\_\_\_\_\_  
Date of Fingerprinting

**NOTE: BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING:**

- |   |   |
|---|---|
| <input type="checkbox"/> Residence      | <input type="checkbox"/> Height                 |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Weight                 |
| <input type="checkbox"/> Nationality    | <input type="checkbox"/> Color of Hair          |
| <input type="checkbox"/> Age            | <input type="checkbox"/> Color of Eyes          |
| <input type="checkbox"/> Date of Birth  | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Race           | <input type="checkbox"/> Citizenship            |

**The fingerprint card without the forgoing information will not be accepted.**

## CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			
<b>Department of Driver Services</b> 2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013			
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) <b>Georgia</b>	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Have you been convicted, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, any other state, or of the federal system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a charge or court hearing pending or are you under any indictment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for a Certificate (to operate a Driver Training School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Driver Services (DDS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information may result in certificate denial, cancellation, suspension, or revocation, and possible criminal and civil prosecution.

Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

**THIS CONSENT FORM MUST BE NOTARIZED**

Signature

Date

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires:

**Return form to the Regulatory Compliance Unit**

# PHYSICAL EXAMINATION CERTIFICATE

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

## Health History

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Any illness or injury in last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	Eye disorders or impaired vision (except corrective lenses)
<input type="checkbox"/>	<input type="checkbox"/>	Head/Brain injuries, disorders or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Ear disorders, loss of hearing or balance
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, epilepsy Medication _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or heart attack; other cardiovascular condition Medication _____
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure Medication _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
<input type="checkbox"/>	<input type="checkbox"/>	Muscular disease	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, dizziness
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stroke or paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Lung disease, emphysema, asthma, chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Spinal injury or disease
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease, dialysis	<input type="checkbox"/>	<input type="checkbox"/>	Chronic low back pain
<input type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Regular, frequent alcohol use
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> Diet <input type="checkbox"/> Pills <input type="checkbox"/> Insulin	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or psychiatric disorders e.g., severe depression Medication _____

Other illness or injuries: \_\_\_\_\_

## Physical Information

General appearance and development: ☐ Good ☐ Fair ☐ Poor

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes for Distance (without glasses/contacts): Right 20 / \_\_\_\_\_ Left 20 / \_\_\_\_\_

Eyes for Distance (with glasses/contacts): Right 20 / \_\_\_\_\_ Left 20 / \_\_\_\_\_

Evidence of injury: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Color Vision: \_\_\_\_\_ Horizontal Field: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Ears (Hearing @ 20 ft.): Right: \_\_\_\_\_ Left: \_\_\_\_\_

<u>Yes</u>	<u>No</u>	<u>Body System:</u>	<u>Check For:</u>
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	Papillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.
<input type="checkbox"/>	<input type="checkbox"/>	Ears	Middle ear disease, occlusion of external canal, perforated eardrums.
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing
<input type="checkbox"/>	<input type="checkbox"/>	Heart	Murmurs, extra sounds, enlarged heart, pacemaker.
<input type="checkbox"/>	<input type="checkbox"/>	Lungs and chest, not breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal finding on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.
<input type="checkbox"/>	<input type="checkbox"/>	Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.
<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary system	Hernias.
<input type="checkbox"/>	<input type="checkbox"/>	Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.
<input type="checkbox"/>	<input type="checkbox"/>	Extremities – Limb Impaired	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limb deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.

Comments: \_\_\_\_\_

### Laboratory Findings:

Urine: Spec. Gr.: \_\_\_\_\_ Protein \_\_\_\_\_ Sugar: \_\_\_\_\_

Blood Pressure (Sitting): Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

Pulse: Before Exercise: \_\_\_\_\_ Two Minutes After Exercise: \_\_\_\_\_

Instructor: I certify that I have answered all medical questions honestly and to the best of my knowledge.

\_\_\_\_\_  
Signature of Driver Trainer Instructor Date

### Doctor's Certificate

This is to certify that I have this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_  
examined \_\_\_\_\_ and that I find his/her physical condition is sufficiently sound  
to perform the duties required by a Driver Training Instructor.

\_\_\_\_\_  
Signature of Examining Doctor

\_\_\_\_\_  
Printed Name of Examining Doctor

\_\_\_\_\_  
Address of Examining Doctor



## **IMPORTANT NOTICE TO INSTRUCTORS**

### **Background Investigation:**

**The G.B.I., F.B.I, and a DDS Investigator will conduct a full and complete background investigation before any instructor's license is issued.**

No license will be issued to any applicant who has been convicted of: any felony, violence, dishonesty, deceit, fraud, indecency or moral turpitude.

If you have been arrested for any of the above, but not convicted, you will be asked to submit a copy of the disposition from the courts. If you have received a pardon you will need to provide evidence of the pardon.

### **Driving History Investigation:**

**Your driving history will also be investigated before any instructor's license is issued.**

No instructor's license will be issued if:

- Your driver's license was suspended for any reason within one (1) year of making application.
- Your driver's license was suspended for two (2) or more times within five (5) years of making application.
- You have plead guilty, had a bond forfeiture, or a nolo contendere for any mandatory suspension offense (see below) within one (1) year prior to making application.
- You have plead guilty, had a bond forfeiture, or a nolo contendere to two (2) or more mandatory suspension offenses (see below) with five years prior to making application.

### **Drivers License Mandatory Suspension Offenses (If Convicted)**

- Homicide by vehicle.
- A conviction for driving under the influence of alcohol or drugs.
- Any felony in the commission of which a motor vehicle is used.
- Using a motor vehicle in fleeing or attempting to elude an officer.
- Fraudulent or fictitious use of, or application for a license.
- Hit and run or leaving the scene of an accident.
- Racing.
- Failure to maintain liability insurance coverage (No Fault).
- Refusal to take a chemical test for intoxication, then your license will be suspended for 12 months.
- Failure to maintain minimum liability coverage of any automobile, which you may own or operate.
- Conviction for driving without insurance is a 60/90-day suspension.
- If convicted for driving while license is suspended, revoked or canceled, your driver license will be further suspended for six months.
- Failure to appear in court or respond to a citation.
- Possession, distribution, manufacture, cultivation, sale or transfer of a controlled substance or marijuana.
- Accumulation of 15 points within 24 months under the point system, including violations committed out-of-state.